



United States Environmental Protection Washington DC 20460

Reformulated Gasoline and Anti -Dumping Facility Registration

1) Registration Type (please shade one):	○ Original	○ Update											
Company Information													
2) Company ID# (please read													
3) Company Name:													
Facility Information													
4) Facility ID# (please read instructions):													
5) Facility Name:													
6) Facility Address:													
7) City:													
8) State: 9) ZIP:													
5) Zii .													
10) Contact Name:													
11) Title:													
12) Telephone# ()		13) Ext.											
14) FAX# ()	-												
15) Facility Type (please shade one):													
○ Refinery ○ Oxyg	enate Blending Facility	O Import Facility Mail to: U.S. E.P.A. Attn: REFGAS (6406J) 401 M Street, SW Washington, DC 20460											





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16) <u>Location of Records</u>	(please shade one):												
	○ On-Site	Off-Site	○ Both										
If Off-Site or Both, fill in the following:													
17) Off-Site Facility Name:													
18) Address:													
19) City:													
20) State:	21) ZIP:	-											
22) Contact Name:													
23) Title:													
24) Telephone# ()		25) Ext.										
26) FAX# ()												





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Independent Laboratory for this facility (for facilities producing reformulated gasoline)27) Independent Testing Option [please shade one option and/or "Exemption" (see instructions)]:																									
27) macpondon	Testing 5	ption	Įpica	,3G 3i	lauc	Onc	Ори	J11 G		Option 1 (100%)						Option 2 (10%)					○ Exemption				
28) Independent	Lab ID#			$\overline{}$																					
29) Lab Name:																									
30) Lab Address:																									
			=	$\overline{}$																					
31) City:	 	<u> </u>	$\overline{}$	$\overline{}$		$\frac{}{}$	 		<u></u>	<u></u>															
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32) State:			3	33) ZII	P:						-														
					ι						_														
Certification: 34) Name of Responsible Corporate Officer or Business												,													
35) Title:																									
36) Date:		/			/																				
The responsible co	orporate of	ficer o	r bus duly	iness autho	s own	ner ce d to s	ertifie ubmi	s tha	at this ch rep	s Refo	ormu to EF	lated PA.	l Gas	oline	and	Anti-	Dump	ing F	acilit	y Reg	istra	tion f	orm i	s true)
37) Signature:																									